



**Council**  
**23 July 2014**

**Consultation on draft Professional Indemnity Insurance Rules**

<b>Classification</b>	Public
<b>Purpose</b>	For decision
<b>Issue</b>	<p>GOSc is required to make changes to its Professional Indemnity Insurance Rules 1998 following the implementation of EU Directive 2011/24/EU.</p> <p>A three-month consultation was held with stakeholders on the principles to underpin new rules, with the analysis of the responses presented to the Osteopathic Practice Committee at its meeting in June 2014.</p> <p>Council is now asked to publish a consultation on the proposed new Professional Indemnity Insurance Rules.</p>
<b>Recommendations</b>	<ol style="list-style-type: none"><li>1. To publish new Professional Indemnity Insurance Rules for consultation.</li><li>2. To agree to the adoption of a new mechanism for registrants to demonstrate they hold professional indemnity insurance.</li></ol>
<b>Financial and resourcing implications</b>	A new mechanism for demonstrating that professional indemnity insurance is held would create efficiency savings for the Registration and Resources team and the professional indemnity insurance brokers, while reducing a regulatory compliance cost on registrants.
<b>Equality and diversity implications</b>	None
<b>Communications implications</b>	The consultation will be published online and will run for three-months between August and October.
<b>Annexes</b>	<ol style="list-style-type: none"><li>A. Analysis of consultation responses (November 2013 to January 2014)</li><li>B. Consultation document: proposed professional indemnity insurance rules</li></ol>
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## Background

1. The Osteopathic Practice Committee (OPC) has been overseeing work which will lead to the revision of the General Osteopathic Council Professional Indemnity Insurance Rules 1998 following the implementation of EU Directive 2011/24/EU.
2. A brief summary of this work is outlined below:

<b>Date</b>	<b>Action</b>
May 2013	<p>OPC considered the current and future insurance requirements in relation to five specific areas:</p> <ul style="list-style-type: none"> <li>a. the degree of prescription in relation to risk;</li> <li>b. the appropriate amount of insurance cover required;</li> <li>c. the requirement for run-off cover;</li> <li>d. monitoring compliance with the insurance rules;</li> <li>e. requirements for registrants practising overseas.</li> </ul>
June 2013 to August 2013	Having regard for the above the Executive developed a draft consultation document on the principles to underpin new PII rules.
September 2013	The draft consultation document was considered by the OPC.
October 2013	Council approved the publishing of the consultation document.
November 2013 to January 2014	A three-month consultation was completed.
February 2014	A headline summary of the 47 consultation results was presented to the OPC.
June 2014	<p>A more detailed analysis of the 47 consultation results was presented to the OPC which agreed the key points to be taken forward into new PII Rules.</p> <p>The consultation analysis can be found at Annex A.</p>

## Discussion

### *Proposed Professional Indemnity Insurance Rules including consultation*

3. The OPC considered the consultation issues and agreed with the key points to be taken forward in new Professional Indemnity Insurance Rules. The following were agreed should feature in the new Rules:
  - a. There is an obligation on all registrants to be insured.
  - b. They should continue to prescribe risks but should attempt to do so in a better/clearer manner, if possible, while being mindful the description does not inadvertently restrict the variety of osteopathic practice.
  - c. They should prescribe £5m in the aggregate as a minimum level of cover.
  - d. They should seek to introduce the concept of perpetual run-off cover and should make clearer that the cover should relate to periods following the termination of insurance rather than practice.
  - e. Registrants must be able to demonstrate they hold insurance cover in line with the rules and the onus remains on the registrant to advise the GOsC immediately if cover ceases.
  - f. They should be clearer that a UK registrant providing professional services overseas should hold insurance if available.
4. In addition it was agreed by the OPC that:
  - a. Compliance monitoring should be based on a self-declaration and a targeted annual audit.
  - b. Action in the case of non-compliance could be either administrative or via the fitness to practise route.
5. Following the OPC meeting, the Head of Regulation has drafted new Rules which are attached at Annex B and will form part of the consultation document. However, it should be noted that we have not yet had the opportunity to engage with the Department of Health's lawyers on these draft rules and they may be subject to minor amendments in advance of consultation.
6. The Executive has been keen to ensure that the professional indemnity insurance brokers are engaged in the consultation process. All brokers have been invited to a seminar session which will be held on Friday 11 July. An oral update on this seminar will be made at the Council meeting.
7. The new Professional Indemnity Insurance Rules will be subject to a three-month consultation with key stakeholders including registrants, the OEIs, the insurance brokers and patients.

8. The Executive propose that the consultation runs from September to November.

*Mechanism for demonstrating evidence of compliance*

9. During the consultation the Executive sought views from stakeholders about the best mechanism for a registrant to demonstrate they hold insurance cover in line with the rules.
10. The current renewal of registration process requires a registrant to self-declare on health and fitness, good character and CPD compliance. However, it also requires registrants, who are not members of the Institute of Osteopathy (IO) block insurance scheme, to submit hard-copy evidence at the point of their renewal of registration. Members of the IO block scheme are not required to submit hard-copy evidence of their insurance as the IO provides confirmation on their behalf.
11. Requiring a registrant to submit hard-copy evidence of insurance discourages them from using the online renewal tool which is the most cost effective and efficient route to renew a registration both for GOsC and the registrant. This requirement represents a regulatory compliance cost to the registrant.
12. A self-declaration model would ensure consistency with the other aspects of the renewal of registration process. To ensure a self-declaration model would have sufficient robustness OPC agreed the Registration team should undertake periodic, targeted audits, to ensure registrants were complying with their responsibilities to hold professional indemnity insurance cover.
13. It is proposed that GOsC liaise with the insurance brokers and seek agreement that at a given point in the year the brokers provide a list of those registrants who hold professional indemnity insurance. This would allow GOsC to match this information to the Register and to target any identified gaps. The IO already provide this information to the GOsC on a regular basis so in the event that only they complied, we can already verify a significant proportion of the Register.

**Recommendations:**

1. To publish new Professional Indemnity Insurance Rules for consultation.
2. To agree to the adoption of a new mechanism for registrants to demonstrate they hold professional indemnity insurance.

### Consultation analysis (November 2013 to January 2014)

1. There were 47 responses to the consultation. The majority of these addressed the questions in the consultation document and these are detailed in the table below.
2. In addition the Professional Standards Authority (PSA) provided a broad response to the consultation without answering the specific questions. The PSA response is summarised below:
  - a. The PSA suggests we apply 'right-touch regulation' to the review of our policy around new rules. Specifically this means applying the minimum regulatory force required to achieve the desired result.
  - b. The rules should be proportionate but must protect and assure patients and the public.
  - c. The rules should provide sufficient flexibility for registrants to adapt their cover to their own requirements which may, for example, vary based on the nature of their practice and the size and profile of their client base.
  - d. If the GOsC sets rules around minimum levels of cover and run-off cover this should be informed and supported by the evidence base around risks in osteopathy. The GOsC should assure itself (with appropriate insurance/legal advice) that insurance requirements will result in registrants holding indemnity insurance appropriate for liabilities their practise risks incurring.
  - e. Concerns about registrants not complying with the rules should be dealt with through the GOsC fitness to practise processes. PSA does not believe an administrative removal process would protect the public and/or maintain public confidence.

**Section 1: Obligation to insure**

<p>What are the issues?</p>	<p>Should there be an obligation on all registered osteopaths to be insured?</p>
<p>What question(s) did we ask?</p>	<p>1. Osteopaths will be required to hold insurance as a condition of registration. In order that the new rules are clear, are there any circumstances under which an osteopath registered with the GOsC should not be required to have insurance? If yes, describe those circumstances.</p>
<p>What did the consultation response tell us?</p>	<p><b>Question 1: (45 responses)</b>          17 consultation responses (38%) believed there to be circumstances under which an osteopath registered with the GOsC should not be required to have insurance. 28 consultation responses (62%) believed registrants should always have insurance cover.</p> <p>Of those who believed there to be circumstances under which an osteopath should not have insurance cover, 16 (94%) cited where a registrant was not practising through reasons such as ill-health, maternity leave or retirement as being a good reason not to have insurance cover.</p> <p>It was suggested by one consultation response that a registrant in a purely academic/research role, who was not in clinical contact with patients, would not need insurance.</p> <p>One consultation response believed that insurance cover would not be needed if a practitioner was working in one clinic and the clinic covers their insurance.</p>
<p>What are the key points to be taken forward in the new rules?</p>	<p>New rules must continue to place patient safety at its core. There is no distinction in the Osteopaths Act 1993 between a non-practising and practising osteopath; in fact, the status of 'non-practising' is not even mentioned. While, Council has previously issued policy statements about registrants who are 'non-practising' and who may be entitled to pay a reduced fee, the obligation on all registered osteopaths to hold professional indemnity insurance has remained constant.</p> <p><b>Action:</b> the new rules should clearly state that there is an obligation on all registrants to be insured.</p>

## Section 2: Prescribed risks

What are the issues?	Are the current rules too prescriptive? Can the current rules be simplified?
What question(s) did we ask?	<ol style="list-style-type: none"> <li>1. Are the prescribed risks appropriate for osteopathic practice or could they be simplified? If so, how?</li> <li>2. Are there any risks that have not been included and, if so, what are these?</li> <li>3. Would it be helpful for the GOsC to provide guidance for osteopaths about what risks should be included in the cover?</li> <li>4. If so, what areas of risk do you think this guidance should cover?</li> </ol>
What did the consultation response tell us?	<p><b>Question 1: (45 responses)</b>  37 consultation responses (82%) believe the prescribed risks are appropriate for osteopathic practice, with the remaining 8 consultation responses (18%) believing the risks could be simplified.</p> <p>Of those who believed the risks could be simplified, two responses came from the professional indemnity insurance providers. Both believed the risks could be better explained. This view was supported by other consultation responses who believed the rules could be simplified. One provider suggested that the rules include a generic statement which required all registrants to ensure their cover allowed patients to have the ability to be paid compensation where the registrant causes harm through neglect or error of omission.</p> <p><b>Question 2: (42 responses)</b>  Just five consultation responses (12%) believed there to be risks missing from the rules. These missing risks included attending courses/working outside of the UK (2 responses); cranial and adjunct therapies (2 responses of which one was the patient response); with the final response believing that GOsC should seek the views of the insurance providers in order to answer this question.</p>

	<p><b>Question 3: (45 responses)</b>                  29 consultation responses (64%) believed GOsC should provide guidance for osteopaths about what risks should be included in the cover, with 16 consultation responses (36%) believing that no guidance was necessary.</p> <p><b>Question 4: (20 responses)</b>                  Feedback on what areas of risk any guidance should cover produced a mix of responses with a range of topics suggested. Additionally, one insurance provider believed GOsC would not be able to provide guidance as it was not registered with the Financial Standards Authority.</p>
<p>What are the key points to be taken forward in the new rules?</p>	<p>The majority of consultation responses believe the prescribed risks to be appropriate although there may be better/clearer ways explaining them in the new rules. The Executive is comfortable with the concept of prescriptive rules as this would ensure considerations of cost do not override patient safety, although we need to ensure that in attempting to better describe the prescribed risks we do not inadvertently restrict the variety of osteopathic practice.</p> <p>This latter point is in alignment with the PSA response that new rules should provide the registrant with some degree of flexibility to adapt their cover based on different aspects of their practice such as location and nature of their patient base.</p> <p>While the responses to the consultation highlighted some possible risks which were not included, the Executive is not convinced these should be added to the new rules. We refer to the PSA response specifically that regulations should be modelled on the 'right-touch' approach by being proportionate to achieve the right regulatory outcome.</p> <p>On the point of GOsC providing guidance, the new rules do not need to make any reference to this activity. The Executive has noted the concern that guidance may not be able to be provided as GOsC is not registered with the Financial Standards Authority (FSA). It was never the intention of the Executive to provide such detailed and tailored guidance about insurance products/policies that it would require FSA registration, more that it would provide broad generic information and questions for osteopaths to</p>



	<p>think about for themselves. We note however this point and will keep it under consideration if we decide to move forward in providing any materials of this nature.</p> <p><b>Action:</b> the new rules should continue to prescribe risks but should attempt to do so in a better/clearer manner while being mindful that the description does not inadvertently restrict the variety of osteopathic practice.</p>
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**Section 3: Prescribed amounts**

<p>What are the issues?</p>	<p>Should GOsC prescribe a minimum amount of cover in legislation? Should the current minimum level of cover increase?</p>
<p>What question(s) did we ask?</p>	<ol style="list-style-type: none"> <li>1. Do you agree that it is appropriate for the GOsC to prescribe in legislation a minimum level of cover? If no, please provide your reasons.</li> <li>2. Do you agree that the minimum level of cover should be increased from £2.5m? If no, please provide your reasons.</li> <li>3. If you believe the minimum level of cover should increase, please state to what level you think it should be increased.</li> </ol>
<p>What did the consultation response tell us?</p>	<p><b>Question 1: (45 responses)</b>            40 consultation responses (89%) believed it was appropriate for GOsC to continue to prescribe in legislation a minimum level of cover.</p> <p>Of the five responses who disagreed, there was concern that setting the level of cover too high would unnecessarily increase premiums and potentially attract attention from injury claim seekers. There was also feedback that setting a minimum level of cover needed to be decided upon in context of risk. GOsC was encouraged to liaise with the insurance brokers and to use evidence from its own fitness to practise case evidence where cases have been heard which showed the level of cover was inadequate.</p>

	<p><b>Question 2: (45 responses)</b>          31 consultation responses (69%) believed the minimum level of cover should be increased compared with 12 consultation responses (27%) that did not. 2 consultation responses (4%) did not know.</p> <p>There were a number of comments from those who answered this question. The comments mainly challenged the justification for any increase, seeking evidence of the risk osteopathy poses which would warrant an increase in the minimum level of cover.</p> <p>Other responses, including the IO, made two points which were (a) that many other healthcare providers already have at least £5m cover and/or (b) many insurance providers already provide a minimum level of cover set at £5m.</p> <p><b>Question 3: (29 responses)</b>          There was a wide range of responses to the question about what the minimum level of cover should be, if it was to be increased.</p> <p>While there was limited support for the level of cover being less than £5m, the majority of consultation responses considered that the minimum level of cover should be £5m+.</p>
<p>What are the key points to be taken forward in the new rules?</p>	<p>The minimum level of cover (£2.5m in the aggregate) was set in rules in 1998, and some 16 years on, the Executive believe it is right that this amount is increased.</p> <p>We note the Professional Standards Authority response which stated that minimum levels of cover should be informed and supported by the evidence base around risks in osteopathy. With the small number of complaints which go through the GOsC fitness to practise procedures, we are not able to quantify the evidence base around risks in osteopathy and relate this specifically to what should be the minimum level of cover.</p> <p>However, the insurance brokers are in a much better position and we note that a number of providers</p>

	<p>already offer a minimum level of cover in excess of the current limit.</p> <p>To continue to ensure that patients are protected both in the present and in the future, and to bring the osteopathic profession in line with many other healthcare providers, we believe that cover should be increased to at least £5m.</p> <p>The Executive does not believe that increasing the minimum level of cover would attract a higher degree of claims from injury claim seekers nor do we believe that the risk of insurance premiums increasing as a result of changing the minimum level of cover should outweigh patient protection.</p> <p><b>Action:</b> the new rules should prescribe at least £5m in the aggregate as a minimum level of cover.</p>
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**Section 4: Run-off cover**

<p>What are the issues?</p>	<p>Should run-off cover feature in the rules? If yes, for how long should run-off cover last?</p>
<p>What question(s) did we ask?</p>	<ol style="list-style-type: none"> <li>1. Do you agree that a requirement for run-off cover should be maintained as an important element of the rules? If no, please provide your reasons.</li> <li>2. For how long should the run-off cover continue? Please provide your reasons.</li> </ol>
<p>What did the consultation response tell us?</p>	<p><b>Question 1: (45 responses)</b>            41 out of 45 consultation responses (91%) agree that a requirement for run-off cover should be maintained as an important element of the rules.</p> <p>Of those who did not agree, feedback highlighted a belief that as long as the registrant had cover in place when the treatment took place this was sufficient.</p> <p><b>Question 2: (37 responses)</b>            In response to how long run-off cover should last, the range of consultation responses was significant</p>

	<p>with no one clear answer being favoured.</p> <p>Answers ranged from 1 year, 5 years, 8 years for adults and 24 for children, 10 years, in correlation to the statute of limitations or in perpetuity.</p> <p>Interestingly the two responses from the insurance providers provided differing opinions on the same subject. One referred directly to the Limitations Act while another believed the Limitations Act could be overridden leading to their view that run-off cover should be in perpetuity.</p>
<p>What are the key points to be taken forward in the new rules?</p>	<p>Run-off cover is extremely important and must feature in the new rules. Run-off cover ensures that past practise is still covered by insurance after a registrant ceases practise/registration. Run-off cover ensures ongoing patient protection even after a registrant leaves the Register.</p> <p>It is clear from the consultation responses that there is confusion about when run-off cover is required; in what circumstances it may be required, and for what period of time it should cover.</p> <p>The overriding concern for GOsC is patient safety. Confusion about such an important element of the professional indemnity insurance rules is not ideal. It is for the purpose of avoiding any doubt that the new rules should make it a requirement that run-off cover lasts in perpetuity as this is the only way GOsC can ensure patients are protected after a registrant ceases practise/registration.</p> <p><b>Action:</b> the new rules should seek to introduce the concept of perpetual run-off cover.</p>

**Section 5: Evidence of compliance**

<p>What are the issues?</p>	<p>Is the current mechanism for a registrant to demonstrate to the GOsC they hold insurance too burdensome? Are there alternative mechanisms?</p>
<p>What question(s) did we ask?</p>	<p>1. Do you agree with the principle that osteopaths should be required to demonstrate they hold insurance cover in line with the rules? If not, please provide your reasons.</p>

	<p>2. Which mechanism for an osteopath to demonstrate they hold insurance cover in line with the rules do you support:</p> <ul style="list-style-type: none"> <li>a. Hard copy evidence submitted to GOsC?</li> <li>b. Self declaration during the renewal of registration cycle?</li> <li>c. Other, please describe.</li> </ul> <p>3. Do you agree that the Registrar should be able to request evidence of insurance from an osteopath at any time? If no, please provide your reasons.</p> <p>4. Do you agree that if insurance cover ceases, for whatever reason, the osteopath in question should immediately advise the GOsC? If no, please provide your reasons.</p>
<p>What did the consultation response tell us?</p>	<p><b>Question 1: (45 responses)</b>  44 out of 45 consultation responses (98%) agreed with the principle that registrants should be required to demonstrate they hold insurance cover in line with the rules.</p> <p><b>Question 2: (44 responses)</b>  16 (36%) consultation responses believed that registrants should continue to submit hard-copy evidence to the GOsC, with 13 (30%) consultation responses in favour of a self-declaration model. 15 (34%) consultation responses answered that they would prefer a different model.</p> <p>Of those who would prefer a different model, the majority favoured GOsC working in-conjunction with the insurance providers to determine who has insurance cover in place.</p> <p><b>Question 3: (44 responses)</b>  40 consultation responses (91%) believed that the Registrar should be able to request evidence of</p>

	<p>insurance from an osteopath at any time.</p> <p>Four consultation responses (9%) did not agree with the main reason being that if evidence is required at the point of renewal then why would there be a need for the Registrar to ask again at a later stage. There was also a view that GOsC should only ask for evidence if there was reason to believe that a registrant was not maintaining insurance cover.</p> <p>While agreeing with the principle that the Registrar could request evidence of insurance at any time, the British Osteopathic Association pointed out that this may not be necessary if the name of an individual was already listed on a spread sheet shared between the insurance provider with the GOsC.</p> <p><b>Question 4: (44 responses)</b>          39 consultation responses (89%) agreed that if insurance cover ceases, for whatever reason, the onus should be on the registrant to immediately advise the GOsC.</p> <p>5 consultation responses (11%) did not agree. Reasons varied but included a view that the onus should be on the insurance provider to notify the GOsC; a view that if the registrant was not working why should they hold insurance and that there should be a 'grace period' as it depended entirely on circumstances.</p> <p>In addition, two consultation responses which agreed with the principle also provided additional comments. One comment, from the patient respondent, asked what GOsC would do with the information once it knew a registrant did not have insurance cover, while another respondent was concerned that forgetting to renew insurance, for example by a few days, should not result in disciplinary proceedings.</p>
<p>What are the key points to be taken forward in the new rules?</p>	<p>Almost all consultation responses agreed with the principle that a registrant should be able to demonstrate they hold professional indemnity insurance cover and nearly 90% of responses agreed with the principle that if insurance cover ceases the onus should be on the registrant to notify the GOsC immediately.</p>

	<p><b>Action:</b> the mechanism for how registrants demonstrate they hold insurance cover is not in the current rules and it is not proposed that it be included in any future rules. Further discussion on the best mechanism for registrants demonstrating their hold insurance cover can be found at paragraphs 8-12 later in this paper.</p> <p><b>Action:</b> the new rules should retain the point that registrants should be able to demonstrate they hold insurance cover in line with the rules and the onus remains on the registrant to advise GOsC immediately if cover ceases.</p>
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**Section 6: Non-compliance**

What are the issues?	How should the GOsC deal with an osteopath who fails to maintain insurance in accordance with the rules?
What question(s) did we ask?	<ol style="list-style-type: none"> <li>1. Do you agree with the principle that a registrant who fails to maintain insurance cover in line with the rules should be held to account? If not, please explain your reasons.</li> <li>2. How do you believe a registrant should be held to account:             <ol style="list-style-type: none"> <li>a. Referred to the Professional Conduct Committee for unacceptable professional conduct?</li> <li>b. Administratively removed from the Register?</li> </ol> <p>Please provide your reasons.</p> </li> </ol>
What did the consultation response tell us?	<p><b>Question 1: (44 responses)</b>            39 consultation responses (89%) agreed with the principle that a registrant should be held to account if they fail to maintain insurance cover in line with the Rules.</p>

	<p>5 consultation responses (11%) did not agree. Of those who did not agree the main concern was that a genuine mistake of not renewing would be treated as a significant disciplinary issue when a warning letter may suffice. One consultation response was unclear what rules the consultation was referring.</p> <p><b>Question 2: (39 responses)</b> 24 consultation responses (62%) believed a registrant should be held to account using the GOsC fitness to practise procedures, compared with 15 consultation responses (38%) who believed that the registrant should be administratively removed.</p>
<p>What are the key points to be taken forward in the new rules?</p>	<p>The majority of consultation responses believe that it is right for a registrant to be held to account if they fail to maintain insurance cover in line with the rules, and that the mechanism should be through the GOsC fitness to practise procedures.</p> <p>The PSA response states that ‘an administrative removal process would not protect the public and maintain public confidence’ and the Executive agree.</p> <p><b>Action:</b> the new rules should make it clear that a registrant will be held to account and this may involve using the GOsC fitness to practise procedures.</p>

**Section 7: Registrants who work overseas**

<p>What are the issues?</p>	<p>Should the rules be extended to include work by registrants overseas?</p>
<p>What question(s) did we ask?</p>	<p>1. Do you agree with the principle that registrants who practise overseas should hold insurance, where such cover is available, and if required be able to demonstrate this to the GOsC? If no, please provide your reasons.</p>
<p>What did the consultation response tell us?</p>	<p><b>Question 1: (42 responses)</b> 36 consultation responses (86%) agreed that registrants who practise overseas should hold insurance, where such cover is available, and if required demonstrate this to the GOsC.</p>



	<p>6 consultation responses (14%) disagreed with the main view being that the registrant should be required to practise in accordance with the laws and legislation of the country in which they are providing services.</p>
<p>What are the key points to be taken forward in the new rules?</p>	<p>There was high level of agreement from the consultation with the principle that registrants who practise overseas should hold insurance, where such cover is available, and if required demonstrate this to the GOsC. The Executive agrees.</p> <p><b>Action:</b> the new rules should be clearer that a UK registrant providing professional services overseas should hold insurance if available.</p>

**Draft Professional Indemnity Insurance Rules for consultation**

**SCHEDULE**

**THE GENERAL OSTEOPATHIC COUNCIL (PROFESSIONAL INDEMNITY INSURANCE) RULES 2015**

The General Osteopathic Council, in exercise of its powers under section 37 of the Osteopaths Act 1993<sup>1</sup>(1), and of all other powers enabling them in that behalf, hereby makes the following Rules:

**PART I**

**PRELIMINARY**

**Citation and commencement**

1. These rules may be cited as the General Osteopathic Council (Professional Indemnity Insurance) Rules 2015, and shall come into force on 1 April 2015.

**Interpretation**

2. (1) In these Rules—

“the Act” means the Osteopaths Act 1993;

“osteopath” means a registered osteopath as defined in the Act;

“prescribed risks” means the insurance risks which are prescribed under Rule 4;

“prescribed amounts” means the minimum amounts of insurance cover to be obtained by an osteopath in order to cover the prescribed risks and which are set out in Rule 6.

- (2) unless the context otherwise requires, a reference—

- (a) in these rules to a numbered rule is a reference to the rule bearing that number in these rules; and

- (b) in a rule to a numbered paragraph is a reference to the paragraph bearing that number in that rule.

**PART II**

**REQUIREMENT TO OBTAIN INSURANCE**

**Obligation to insure**

3. Any osteopath who practises as an osteopath in the UK or elsewhere must be insured against claims for any of the prescribed risks; and shall obtain and maintain insurance cover for not less than the prescribed amounts.

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<sup>1</sup> 1993 c. 21.

### Prescribed risks

4. The insurance to be obtained by an osteopath shall cover the following risks—
- (a) any legal liability for any negligent act, error or omission in professional services rendered or which should have been rendered by an osteopath whilst practising as an osteopath;
  - (b) any liability for claims for public liability or product liability arising from death or injury to third parties or damage to third party property caused by the osteopath in the course of providing his professional services or in the course of supplying products in connection with those professional services;
  - (c) any legal liability of an osteopath in respect of the risks set out in Rules 4(a) and (b) above which are attributable to his employees, partners, associates, co-directors or agents and which are connected with the provision of osteopathic services on his behalf or under his supervision;
  - (d) any liability to pay all legal costs, of and incidental to all proceedings which may be recovered by a claimant against an osteopath arising out of any claim in respect of the prescribed risks, and all or any costs, fees and expenses which may be incurred by an osteopath in defending any claim in respect of the risks set out in rules 4(a) to (c) above.
5. Any insurance which is obtained by an Osteopath in respect of the prescribed risks must cover his liability as a practising osteopath providing professional services in the country or countries in which he practises.

### Prescribed amounts

6. The minimum amount of insurance cover to be obtained by an Osteopath in respect of the prescribed risks is £5,000,000 in the aggregate in the cases of rules 4(a), 4(b) and 4(c).

### Run off cover

7. Every osteopath shall maintain insurance cover for the prescribed risks and in the prescribed amounts to cover any claims in respect of his practice as an osteopath which may arise:
- a) after the date on which he ceases to practise as an osteopath for whatever reason;
  - b) (in the event of a change of insurance cover provider) after the expiry of the period covered by a previous policy of insurance cover; and
  - c) at any time after the date of the event which gave rise to the claim.

**PART III  
COMPLIANCE**

**Duty to notify the General Council**

8. Any osteopath whose insurance ceases to comply with the requirements of these Rules or ceases altogether (for whatever reason) shall notify the General Council forthwith.

**Demonstration of Compliance**

9. (1) When applying for registration or renewal of registration, the applicant or osteopath must:
- a) complete and sign a declaration in the form specified by the Registrar, confirming that he has complied with his obligation to have in place insurance for the prescribed risks and the prescribed amounts, in accordance with the requirements of these Rules; and
  - b) include with his application, his signed consent, authorising his insurance provider to provide such information about his insurance cover to the General Council, as the Registrar may require.
9. (2) At any time, the Registrar may stipulate that an osteopath must provide the General Council with evidence acceptable to the Registrar that he has in place insurance cover which complies with the requirements of these Rules.

**Non compliance**

10. Any failure by an osteopath to:
- (a) maintain insurance in accordance with these Rules;
  - (b) provide a completed and signed declaration to the General council as required by rule 9(1) (a);
  - (c) provide his signed consent to the General Council as required by rule 9(1) (b);
  - (d) provide evidence of insurance which is acceptable to the Registrar upon request;
- may be treated as constituting unacceptable professional conduct, and dealt with accordingly by the Registrar.